

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED 2014 APR 24 AM 11:48

FEC Office Use Only CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 BRANNIGAN FOR CONGRESS

ADDRESS (number and street) PO BOX 354 PALOS HEIGHTS IL 60463

2. FEC IDENTIFICATION NUMBER C00556027 3. IS THIS REPORT NEW (N) OR AMENDED (A) IL 03

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on 11 04 2014 in the State of IL

(c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on N M D D Y Y Y Y in the State of

5. Covering Period 10 01 2013 through 09 15 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer MICHAEL K. BRANNIGAN

Signature of Treasurer [Signature] Date 09 15 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 10 columns and 1 row. Office Use Only. FEC FORM 3 (Revised 02/2003)

14031230926

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

**BEAN/IGAN FOR CONGRESS**

Report Covering the Period: From:

**7.8** / **01** / **2013**

To:

**09** / **15** / **2014**

**COLUMN A**  
This Period

**COLUMN B**  
Election Cycle-to-Date

**6. Net Contributions (other than loans)**

(a) Total Contributions  
(other than loans) (from Line 11(e)) ....

**970000**

(b) Total Contribution Refunds  
(from Line 20(d)) .....

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....

**970000**

**7. Net Operating Expenditures**

(a) Total Operating Expenditures  
(from Line 17) .....

**500000**

(b) Total Offsets to Operating  
Expenditures (from Line 14) .....

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....

**500000**

**8. Cash on Hand at Close of  
Reporting Period (from Line 27) .....**

**420000**

**9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....**

**000**

**10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....**

**000**

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

14031230927

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

**BRANNIGAN for CONGRESS**

Report Covering the Period: From:

**10** ' **01** ' **2013**

To:

**04** ' **15** ' **2014**

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A) .....

**280000**

(ii) Unitemized .....

**190000**

(iii) TOTAL of contributions from individuals .....

**470000**

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) The Candidate .....

(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

**500000**

**970000**

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

(b) All Other Loans.....

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....

15. OTHER RECEIPTS (Dividends, Interest, etc.) .....

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....

**970000**

14031230928

**DETAILED SUMMARY PAGE**  
of Disbursements

14031230929

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5000 00	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans .....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS .....		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	5000 00	

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	00 00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9700 00
25. SUBTOTAL (add Line 23 and Line 24).....	9700 00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5000 00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4700 00

**SCHEDULE A (FEC Form 3)**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE OF  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A. **ALBERT R. MILLER**

Mailing Address

**745 S. OAK**

City

**HINSDALE**

State

**IL**

Zip Code

**60521**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

**11 / 19 / 2013**

Amount of Each Receipt this Period

**300.00**

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

**2300.00**  
**2800.00**

14031230930

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)

**BRANNIGAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

A. **JOSEPH A. LEAHY**

Mailing Address

**17015 FERMOY AVENUE**

City

**ORLAND PARK**

State

**IL**

Zip Code

**60467**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

**11 / 14 / 2013**

Amount of Each Receipt this Period

**1000.00**

Full Name (Last, First, Middle Initial)

B. **MATTHEW DUTKANYM**

Mailing Address

**1512 N. MOHAWK**

City

**CHICAGO**

State

**IL**

Zip Code

**60610**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

**04 / 04 / 2014**

Amount of Each Receipt this Period

**500.00**

Full Name (Last, First, Middle Initial)

C. **JOHN DONOVAN**

Mailing Address

**10637 NORTHBRIDGE DRIVE**

City

**ORLAND PARK**

State

**IL**

Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

**04 / 11 / 2014**

Amount of Each Receipt this Period

**1000.00**

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

**2500.00**

14031230931

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

17  18  19a  19b  
 20a  20b  20c  21

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NAME OF COMMITTEE (In Full)

**BRANNIGAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ILLINOIS REVIEW**

Mailing Address

**ON 217 WINDEMERE**

City

**WINFIELD**

State

**IL**

Zip Code

**6090**

Purpose of Disbursement

**ADVERTISING**

Candidate Name

**SHARON M BRANNIGAN**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: District:

Date of Disbursement

**01 ' 22 ' 2014**

Amount of Each Disbursement this Period

**275.00**

CK # 191

**B. GIORDANO'S**

Mailing Address

**14325 S. LAGRANGE**

City

**ORLAND PARK**

State

**IL**

Zip Code

**60462**

Purpose of Disbursement

**ELECTION NIGHT DINNER**

Candidate Name

**SHARON M BRANNIGAN**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: District:

Date of Disbursement

**03 ' 17 ' 2014**

Amount of Each Disbursement this Period

**350.00**

CK # 1001

**C. ADVANCED PROFIT SOLUTIONS**

Mailing Address

**14418 PHEASANT LAKE**

City

**HOMER GLEN**

State

**IL**

Zip Code

**60491**

Purpose of Disbursement

**SIGNS**

Candidate Name

**SHARON M BRANNIGAN**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: District:

Date of Disbursement

**02 ' 08 ' 2014**

Amount of Each Disbursement this Period

**1728.00**

MEMO:  
CAPITAL ONE

SUBTOTAL of Disbursements This Page (optional).....

**2358.00**

TOTAL This Period (last page this line number only).....

**4942.00**

14031230932

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

17  18  19a  19b  
20a 20b 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**BRANNIGAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

A. **ENTERPRISES NEWSPAPERS**

Date of Disbursement

02 ' 27 ' 2014

Mailing Address

23856 ANDREW ROAD

Amount of Each Disbursement this Period

492.00

City State Zip Code

PLAINFIELD IL

Purpose of Disbursement

ADVERTISEMENT

Candidate Name

SHARON M BRANNIGAN

Category/Type

MEMO:  
CREDIT CARD

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. **KEV-RON PRINTING**

Date of Disbursement

02 ' 11 ' 2014

Mailing Address

9831 S. 78th AVE

Amount of Each Disbursement this Period

1795.00

City State Zip Code

HICKORY HILLS IL 60457

Purpose of Disbursement

SIGNS

Candidate Name

SHARON M BRANNIGAN

Category/Type

MEMO:  
CASH ON HAND

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. **NETA MARKETING**

Date of Disbursement

01 ' 09 ' 2014

Mailing Address

2192 MARTIN AVENUE

Amount of Each Disbursement this Period

300.00

City State Zip Code

IRVINE CA 92612

Purpose of Disbursement

ADVERTISING

Candidate Name

SHARON M BRANNIGAN

Category/Type

MEMO:  
CREDIT CARD

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2598.700

14031230933

**SCHEDULE C (FEC Form 3)  
LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾
Mailing Address	
City	State ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

**TERMS**

Date Incurred MM / DD / YYYY	Date Due MM / DD / YYYY	Interest Rate % (apr)	Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	▶ <input type="text"/>
TOTALS This Period (last page in this line only) .....	▶ <input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14031230934

**SCHEDULE C-1 (FEC Form 3)**

**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER C	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %	
Mailing Address	Date Incurred or Established	MM / DD / YYYY	MM / DD / YYYY
City State Zip Code	Date Due	MM / DD / YYYY	MM / DD / YYYY
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred MM / DD / YYYY			
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the value of this collateral? Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the estimated value?	
A depository account must be established pursuant to 11 CFR 100.92(e)(2) and 100.142(e)(2).		Location of account: Address: City, State, Zip:	
Date account established: MM / DD / YYYY			
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE MM / DD / YYYY	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE MM / DD / YYYY	
Title			

14031230935

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/>	9
	<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City                      State                      Zip Code	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City                      State                      Zip Code	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City                      State                      Zip Code	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional) .....	<input type="text"/>
2) TOTALS This Period (last page this line number only) .....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

14031230936

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <b>BRANNIGAN FOR CONGRESS</b>	Report Covering Period: From: <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2013</span>	To: <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
---	---	--

Committee Name	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
----------------	--	--

A			
B	Column Total Last Page Only.....		

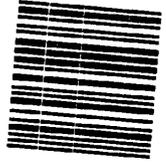
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A		5,000	9,700			
B						
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A				9,700	5,000	
B						
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A						
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A			5,000	<del>0</del>	4,700	<del>0</del>
B						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A		9,700	5,000			
B						

14031230937

14031230951

354  
Heights, IL 60463

U.S. POSTAGE  
PAID  
PHLOS HEIGHTS, IL  
60463  
APR 14, 14  
AMOUNT  
**\$1.40**  
66049000-02



20463



1000

FEC  
999 E STREET NORTHWEST  
WASHINGTON DC.  
20463

RECEIVED  
2014 APR 24 AM 11:48  
FEC MAIL CENTER

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

14051230939

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 4/14/14
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PA  
 PREPARER  
 (8/2013)

4/24/14  
 DATE PREPARED